# **COMMUNITY COUNCIL**

Employee Warning Report

Employee’s Name:

Date of Warning:

Project:

Warning Issued by (print):

Type of Violation: [ ]  Health and Safety [ ]  Other

**Community Council Statement** (Supervisor’s Report):

Signature:

**Employee Statement** (check the appropriate statement)

[ ]  I agree with the community council’s statement.

[ ]  I disagree with the community council’s statement for the following reasons. (State below)

I have entered my statement of the above matter.

Employee Signature: Date:

Employer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I would like to receive a copy of this statement for my records.

Please be aware that this report will be kept on file at the council office and the issue may be discussed at a community health and safety meeting in the future.